

STATE OF MONTANA  
OFFICE OF STATE PUBLIC DEFENDER

\* \* \* \* \*

APPLICATION FOR COURT APPOINTED COUNSEL

APPLICANT: \_\_\_\_\_ ) Cause No. \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ )  
Residence \_\_\_\_\_ )  
Mailing \_\_\_\_\_ ) Defendant is incarcerated \_\_\_\_\_  
City / State / Zip \_\_\_\_\_ ) Defendant is not incarcerated \_\_\_\_\_  
PHONE NO. \_\_\_\_\_ )

I, \_\_\_\_\_, state under oath that I am financially unable to employ an attorney. I understand that if I am charged with a felony and I am eligible, a court must appoint counsel. If a misdemeanor is charged, and I am eligible, a court may appoint an attorney only under certain circumstances.

I submit the following information to determine my eligibility. False statements or false information will result in a charge of false swearing. I understand that I may be required to pay back all or a part of the attorney fees if I am convicted of the pending charge, and I am able to do so. I also understand that this information may be used to determine my ability to pay fines, fees, or costs, if I am convicted of any charges.

**PERSONAL**

D.O.B.: \_\_\_\_\_ I am \_\_\_\_\_ married \_\_\_\_\_ single  
I am employed by: \_\_\_\_\_ Age of spouse: \_\_\_\_\_  
My gross monthly wage is: \_\_\_\_\_ Spouse employed by: \_\_\_\_\_  
Month of last employment: \_\_\_\_\_ Monthly wage of spouse: \_\_\_\_\_  
Number of dependents: \_\_\_\_\_  
Other household members: \_\_\_\_\_  
Their gross monthly income: \_\_\_\_\_

I and/or my family are currently receiving the following funds:

AFDC \$ _____	Unemployment \$ _____	Worker's Comp \$ _____
Pension \$ _____	Food Stamps \$ _____	Child Support \$ _____
SSI \$ _____	Retirement \$ _____	Medicaid \$ _____

**ASSETS: (LIST TOTAL VALUES)**

Cash on hand/in bank: \_\_\_\_\_  
Wages not received: \_\_\_\_\_  
Money owed to me: \_\_\_\_\_  
Interest in real estate: \_\_\_\_\_  
Savings Accts \_\_\_\_\_  
Stocks/bonds/securities \_\_\_\_\_  
Motor Vehicles: \_\_\_\_\_  
Sporting Equipment: \_\_\_\_\_  
(Guns, boats, m.cycles, etc.) \_\_\_\_\_  
Personal Property (furniture, \_\_\_\_\_  
Appliances, etc. \_\_\_\_\_  
**TOTAL** All Assets \_\_\_\_\_

**MONTHLY DEBTS: (PAID PER MONTH)**

Rent/Mortgage Payment \_\_\_\_\_  
Utilities \_\_\_\_\_  
Telephone \_\_\_\_\_  
Groceries \_\_\_\_\_  
Gas for vehicles \_\_\_\_\_  
Cable or satellite \_\_\_\_\_  
Drs., Hospitals \_\_\_\_\_  
Courts \_\_\_\_\_  
Attorneys \_\_\_\_\_  
Credit cards \_\_\_\_\_  
Other monthly debts \_\_\_\_\_  
**TOTAL** monthly Debts \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF APPLICANT

Witnessed by: \_\_\_\_\_

APPROVED \_\_\_\_\_

Date

DENIED \_\_\_\_\_

Date

\_\_\_\_\_  
FOR REGIONAL OFFICE USE ONLY:

Other Information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_